NEW TREATMENT

OF

VENEREAL DISEASES

AND OF

ULCERATIVE SYPHILITIC AFFECTIONS

BY IODOFORM.

TRANSLATED FROM THE FRENCH OF DR. A. A. IZARD,

BY

HOWARD F. DAMON, M.D.

BOSTON:
JAMES CAMPBELL.
1872.

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HOWARD F. DAMON, A.M., M.D.

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TRANSLATOR'S PREFACE.

THIS little volume seems to be a valuable contribution to the therapeutics of syphilis. The distinctions between infecting and non-infecting chancres and their consecutive buboes, are drawn very clearly and illustrated by a number of interesting and instructive cases. The results obtained by iodoform in the treatment of the primary local lesions of syphilis are highly satisfactory.

It was the intention of the translator to have given, from his own practice, some of the results obtained by the internal use of iodoform in syphilis. A careful examination of his cases warrants him in asserting its beneficial influence, especially in those severe neuralgias and periosteal pains which so frequently torment the sufferer from constitutional syphilis. At some future time, however, these results from the internal use of iodoform in syphilis may be expected.

H. F. D.

BOSTON, August, 1872.

PREFACE.

THE few works which have appeared thus far on iodoform and its properties have induced us to direct our researches to this therapeutic agent. We do not pretend to exhaust the subject; for, inasmuch even as it is a new one, there is still left for study a field, more or less extensive, to which it appears impossible for us to set the limits. We shall content ourselves with the exposition of the result of the observations which we were permitted to collect while interne at l'Hôpital du Midi, on its employment in the treatment of infecting chancre and of several of the symptoms of syphilis, but chiefly in the treatment of soft chancre and of consecutive bubo. After having demonstrated all the advantages which this medicament presents, we shall formulate the rules according to which it should be put in use.

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OF THE

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CHANCRES IN GENERAL AND THEIR DIVISION.

NOWHERE, perhaps, does there exist so extensive a field for observation as at l'Hôpital du Midi, where, as *interne*, we have been permitted to study scrupulously the facts which we now publish. All of our observations have been collected there; and there, we may say, are found demonstrated in a decisive manner, the immense advantages presented by specialties. In the wards of this hospital, hundreds of patients are treated by this or that medication, and the effects are the more appreciable inasmuch as, in contiguous wards, the line of treatment being different, terms of comparison can be established of the utmost

value. It is in this asylum of the secrets of the art that Ricord has been able to collect the numerous observations and to perform the experiments which have conducted him to his most beautiful discovery, the duality of chancre.

Before speaking of the action of iodoform on chancres, it is well to make known to what species of chancre it should be applied by preference.

The chancre, in general terms, is a contagious venereal ulcer developed upon any part whatever of the body directly infected. One of its most important characters is the faculty it has of being transmitted by inoculation and of producing a second ulcer or chancre absolutely identical with the first. Thus, if a drop of pus is taken upon the point of a lancet from a recent chancre, and introduced beneath the epidermis of a perfectly healthy person, there will be developed in the place of the operation an ulcer of the same nature as that which has furnished the inoculated virus, and the appearance of a new chancre will take place in one of two ways very important to notice. It will show itself either during the first five days, or during the third week which follows the inoculation; and then, in this latter case, the chancre will present at its base, ninety-eight times in a hundred, an elastic, cartilaginous induration, a phenomenon never obtained in the first case. The first form of venereal

ulceration is limited to a simply local disorder, or at most to an adenitis, very often suppurative, of the corresponding lymphatic ganglions; the second, on the contrary, produces a local disorder and an adenitis almost always insignificant, whilst at the moment of its appearance a veritable poisoning has already taken place in the economy, which will not be tardy in manifesting itself by terrible consequences, the symptoms characteristic of constitutional syphilis. Such are the principles which have served as a basis for the division of chancres. The first, the action of which is entirely local, has been designated by the names of *soft chancre*, *simple chancre*, *ordinary chancre*, *chancroid;* the second, which is only the primary local manifestation of the syphilitic diathesis, has been called *hard chancre* or *indurated*, *Hunterian chancre*, *infecting chancre.*

Finally, some authors admit of a *mixed chancre*, which is none other than a soft chancre grafted upon an infecting chancre; or, in other terms, the reunion in the same place of the virus of the two, one constituting soft chancre, the other the infecting chancre. The *phagadenic*, *gangrenous*, *rodent*, and *serpiginous* chancres are only more severe varieties of the other two chancres.

IODOFORM IN THE TREATMENT OF INFECTING CHANCRE, SYPHILITIC ADENITIS, AND ULCERATIVE SYPHILIDES, RUPIAS, GUMMATA, ETC.

1. *Infecting Chancre.*

We have few observations relative to infecting chancre treated by iodoform; not that infecting chancres are rare at l'Hôpital du Midi, but we were diverted from the employment of iodoform in their mode of treatment by a consideration which we shall explain in a few words.

The fact is evident to us that the medicament which forms the subject of our work has only a purely local effect; so that, applied to the soft chancre, it fulfils in the most complete manner the indications exacted by this purely *local* ulceration; it calms the pains of which it is the seat, it dries up the secretions, and it hastens the cicatrization. What more can we demand?

As regards the bubo, the indications and utility are the same. Unfortunately, it is not the same for indurated chancre. The latter is only a local manifestation of a general poisoning; at the moment of its appearance, the subject of its infection is already syphilitic, and we must not content ourselves with attacking the apparent local lesion. There is no

advantage even here in employing the abortive method of Ricord, who moreover, at the present time, seems to us to have abandoned his old ideas in this respect. We know that if this abortive method has been credited with some success, it is because it has been employed at a stage of the disease when the distinction between the two species of chancre was not yet established. Indeed, when a cauterized chancre has not been followed by constitutional symptoms, this absence of general infection has been attributed to the cauterization, whilst one had only to deal with a soft chancre. So iodoform has seemed to us here to be of little utility, save in some particular cases. However, it can, without dispute, hasten the cicatrization, and above all calm the pains sometimes very severe in infecting chancre. But as the latter cicatrizes generally sufficiently rapidly, as it suppurates little and is very often indolent, the employment of iodoform appears to us to be only exceptionally indicated.

Moreover, the ulcerated surface of the infecting chancre is a precious way for the absorption of an agent which will attack the principle itself, under the influence of which the venereal ulcer has become implanted; we would speak of mercurials, which will act not only as topical agents, but which will be absorbed in part, and penetrate the circulatory torrent without causing fatigue to the digestive

organs, and without our feeling ourselves obliged, as Liégeois has done, to cause their penetration by extremely painful hypodermic injections.

In conclusion, it does not seem proper to us that iodoform should be employed in the treatment of indurated chancre except when the latter is accompanied by very severe pains. In such a case, the ulcerated surfaces should be freely washed with water, cleansed with care, either with simple water, or with chlorinated water, and afterwards iodoform powder should be applied once or twice daily. The anæsthetic properties of the latter are not slow to triumph over the local pains, and then recourse may be had to topical remedies having mercury for their base.

2. *Syphilitic Adenites.*

It remains at present for us to inquire in regard to the use which can be made of iodoform in the treatment of syphilitic adenites. By the name of syphilitic adenitis, we shall designate the ganglionic inflammations which supervene under the influence of an infecting chancre, as the latter is ordinarily observed in the groin in consequence of chancres of the penis, in the submaxillary region when the venereal ulcer is developed upon the lips; or still farther, the adenites which supervene under the influence of several other syphilitic manifesta-

tions, such, for example, as the suboccipital adenites resulting from the lesion of the lymphatics of the scalp, in consequence of the development, in this region, of ecthyma or other syphilo-dermata.

All these adenites seldom suppurate, and if they are painful, it is only exceptional. So, in their nabitual course, there is no need of iodoform in its full strength; but it will render great service if it is employed in the form of an ointment, as is done by M. Bouchardat, or, after the manner of M. Gubler, dissolved in a mixture of alcohol and ether. The resolvent properties of the hydriodide of carbon produce, in these cases, excellent results.

We shall pass to a few particular cases and perhaps even a little exceptional. We will suppose a syphilitic and scrofulous individual (the case is not rare), the inflammatory susceptibility of whose ganglia is much developed; the cellular tissue which envelops them not remaining a stranger to the inflammation, becomes indurated, and, uniting together in the same mass the isolated ganglionic tumors, softening and suppuration will possibly take place. Here the intervention of iodoform will be very useful in all the cases where there shall not exist the exceptions that we will point out a little farther on, when studying the effects of iodoform in the treatment of simple bubo; for, under these circumstances, the suppuration will not be very

abundant, the borders of the ulcer will not have a phagedenic tendency, and, the process of suppuration being localized in the lymphatic ganglia, there will be formed there just so many little sinuses very difficult to dry up, but over which iodoform will triumph in a few days. In this relation, we shall deem it proper to point out a fact which is not without interest to science and which has not yet been mentioned by syphiliographers. We will report an observation which we believe instructive in a double point of view, first because it is a very complete and quite rare example of the pathological condition of which we are speaking; then, because the cure, vainly exacted from a host of remedies, was only obtained by the use of iodoform powder.

It is known that the existence of infecting chancre assures to the individual thus affected a complete immunity as regards chancre of the same kind, the exceptions to this rule being exceedingly rare; but it is a fact of which there is no longer ignorance, that persons who have been syphilized are not at all protected against soft chancres. All this being beyond discussion, we will suppose an individual attainted by infecting chancre; he will have in the groin multiple, indolent, hard, movable, ordinarily non-suppurating adenites; the entire morbid process will remain circumscribed in the ganglionic en-

velope, which will become thickened; the ganglion itself will become infiltrated with plastic material, and, on section, it will be found pervaded by whitish and semi-solid products. These anatomical alterations explain to us perfectly how it happens often, long after the chancre is perfectly cured, that the adenites do not yet present any trace of retrocession. These alterations may also (and we have insisted on this point) account to us for the facts to which we have called attention.

Let the syphilitic individual of whom we are speaking contract soft chancres: these chancres will have a ganglionic manifestation. Very well; a thing of importance and not pointed out, this manifestation, in place of being mono-ganglionic, phlegmonous, invading the peripheric cellular tissue; this manifestation, we say, will seize upon many ganglia, it will intrench itself there without invading the ambient cellular atmosphere, and we shall see a number of small buboes produced, isolated from each other, suppurating for the most part, but at different periods, the inflammatory process having followed its course in each of them separately without being influenced by the neighboring ganglion. It is here that iodoform will possess an incontestable utility. Nothing, moreover, could demonstrate this in a more eloquent manner than the following observation: —

D . . . entered the Hôpital du Midi the first of May, in the ward for paying patients: he declares that he had an infecting chancre three years ago; at very nearly the same period, *plaques muqueuses* and a general exanthematous syphilide. Everything had disappeared under a mercurial treatment: there remained only a few swellings in the groin. Such was the state of the patient, when, the 15th of April, he contracted two soft chancres, one on the edge of the prepuce, the other in the balano-preputial furrow. The application of iodoform powder caused them soon to disappear. Nevertheless the enlargements that he had had for two or three years in the fold of the groin commenced to become painful and to swell. At this point the patient resolved to enter the hospital; until then he had been satisfied with the attentions given him at gratuitous consultations. On the left side, below the femoral arch, three ganglionic tumors are seen, the greater axis of which is parallel with the arch itself: above the ligament there exist five others in different degrees of development, but all perfectly isolated. On the right side there exist three similar ones.

These tumors are, for the most part, painful; they have contracted adhesions with the skin; but, save one or two exceptions, they are independent of each other, red and considerably developed;

their mean volume is that of a very large hazelnut. Soon they become fluctuating; the most advanced are opened, whilst the others are painted with tincture of iodine or covered with vesicatories to try to prevent suppuration. Nothing answers: all suppurate, and, notwithstanding the cauterization with the nitrate of silver, notwithstanding the dressings with aromatic wine, and detersive or astringent injections, still there did not exist on the first of June any indication of the commencement of cicatrization. Iodoform powder was then applied to four of the openings only, whilst the ordinary dressings were continued upon the others. At the end of three days, we perceived such an amelioration in the buboes treated by iodoform that we hastened to submit the rest to the same treatment. The cure was nearly complete on the tenth of June, at which time the patient left the hospital.

3. *Ulcerated Syphilides, Rupias, Gummata.*

There will be in our work a regretted lacuna which time does not permit us to fill; it is the action which iodoform may have, administered internally against syphilis; but we hope to return a little later to this important point.

In a country hostile to our own, several physicians have employed iodoform against certain dis-

cases of the skin: eczema, impetigo, &c.; but they have never directed its use against syphilitic manifestations, whether cutaneous, as *plaques muqueuses*, rupias, or profound, as the gummata, the periostoses. Indeed, we possess on this point many observations which are not wanting in interest. We can affirm in a general manner that the result has been preferable to that obtained by the plaster of *Vigo cum mercurio*, by powdered starch, and washings with chlorinated water. We can even add that we have taken all the desirable precautions to enlighten ourselves in this respect, knowing how difficult is the sound interpretation of facts, when it concerns the more or less short duration of a disease under the influence of such or such medication. We have taken three patients attainted with ulcerated syphilides, disseminated over different points of the body; in each of the patients we have chosen by preference the most extensive patches, the most deeply ulcerated, and upon these only have we applied the iodoform powder; the others have been treated by the plaster of *Vigo cum mercurio*, starch powder, and chlorinated water; finally some have been abandoned to themselves. We shall see, by the result of observations, how iodoform is preferable to other means.

Observation. — L. S. . . . , aged sixteen years, enters the Hôpital du Midi, April 11, ward 2, number 16. An indurated chancre has escaped attention. Towards the middle of March, the patient begins to have trouble with the throat, and a few days afterwards his body becomes covered with papules constantly multiplying in number. These, at first disseminated, unite on certain points where they form broad patches of from an inch and a half to two and a half inches in diameter. They are seen some of them on the face, the scalp, the most extensive on the chest; and the others, equally large, on the legs and on the thighs. No treatment until the 11th of April, the time of entrance of the patient into the hospital.

The next day, the 12th of the same month, a solution of the biniodide of mercury is given internally.

Upon three patches, the largest we can find, situated one in front of the right loin, the other in the epigastrium, and the third on the left deltoid region, we employ the iodoform powder.

The plaster of *Vigo cum mercurio* is applied to the three patches developed upon the thigh.

The head and face are powdered with starch, whilst the patient himself washes his forearms and legs with water slightly chlorinated. Very soon even the chlorinated water being borne with

difficulty, we are obliged to employ only pure water.

Such was the treatment established and continued until the first of May. At this time, the three patches treated by iodoform were completely dessicated and very much diminished: they were hardly more than an inch in diameter. The margin presented that coppery tint peculiar to cicatrized syphilides: between the points cured and the centre of ulceration is found a circle of large white epidermic scales: finally, in the middle were parts still red, and others covered with crusts.

The plaster of Vigo has not obtained so satisfactory results: two patches suppurated abundantly, whilst upon the other the cicatrization had scarcely begun. As to the patches on the head, the patient of his own accord had applied the iodoform powder upon them in order to quiet, he said, the very sharp pains of which they were the seat; this mixture of iodoform and starch had not had any bad results. The patches of the legs and forearms were in full suppuration.

May 20th, the parts treated by our medicament by preference were entirely cured, whilst the others still suppurated, although in different degrees. So, yielding willingly to the desires of the patient and judging the experiment sufficiently well tried, we employed the iodoform powder on all the patches which remained in suppuration.

May 30th, the patient left the hospital; he was cured of all of his syphilides; but he was not evidently protected from relapses, which were to be prevented by the continuance of the internal treatment.

This observation demonstrates clearly the superiority of iodoform as a topical agent; it shows not only the powerful influence of this medicament over cicatrization, but still more the rapid sedation which it exercises over excoriated surfaces; it is a happy union of the properties of iodine and of chloroform.

The following observation is not less conclusive than that which we have just given: —

A. J. . . . , aged 20 years, enters the hospital April 5th, ward 7, bed No. 6. He has had an infecting chancre which appeared January 10th, after an incubation of seventeen days. Ten days after the appearance of the chancre, numerous *plaques muqueuses* showed themselves in the mouth and back of the throat. Finally, in the commencement of March, a cutaneous eruption was produced, which constitutes, at the time when the patient presents himself to us, large patches of rupia scattered over the whole surface of the body. The chancre had been cauterized, covered with lint soaked in

aromatic wine, and had entirely disappeared towards the end of March. After the entrance of the patient into the hospital, we chose the largest and most ulcerated patches, and covered them with small poultices of linseed meal, in order to detach the crusts from them: the next day and the days following we powdered them abundantly with iodoform. These patches, to the number of four, are situated upon the left leg, one in the popliteal space, two others on the posterior region of the leg, and the fourth on the interior and anterior region of the tibia. On the patches of the left leg are applied from the first day strips of the plaster *of Vigo cum mercurio*, which are renewed every six or seven days. Finally, the smallest patches, invading the rest of the body, are abandoned to themselves.

May 15th, the patches dressed with iodoform are completely cured: in their place there remains only a purplish spot and much more restricted in size than the surface previously ulcerated. The patches treated by the Vigo did not present the same degree of cicatrization until eight days later, although smaller: and the patches abandoned to themselves are still covered with dry crusts on the 30th of May, the day on which the patient leaves the hospital. He is recommended to continue for some time still the internal treatment: but, at the end of eight days, believing himself definitely cured, he abandons it entirely.

June 20, the same patient presents himself at the gratuitous consultations with a new eruption of rupia upon the head and on all the points of the body where no local treatment had been employed. The patches treated by iodoform and the Vigo present the same aspect that they did on the day the patient left the hospital; but the new patches are larger than those at first. Liquor of Van-Swieten internally; iodoform powder on the cutaneous ulcerations.

July 1st, all of the small patches are dessicated, and the tenth of the same month, the large ones are equally so.

This observation, like the preceding, does not leave any doubt of the real efficacy of iodoform in the treatment of ulcerated syphilides; its action is evidently much more rapid than that of the plaster of *Vigo cum mercurio*, and, consequently, than that of all the topical remedies generally employed in such cases, the *Vigo cum mercurio* being already considered as the most active of all others.

We do not hesitate to advise by preference the iodoform powder in all similar or analogous cases. The following observation goes to support what we say. It relates to a case of suppurated gummous tumor, cured with an astonishing rapidity, in comparison with a great number of others which we have seen treated by all other topical remedies except iodoform powder.

D. . . ., aged 46 years, enters l'Hôpital du Midi the 20th of March. He is affected with several gummous tumors, of which the two most voluminous have their seat, one on the right cheek, appearing to have for its point of departure "*la boule graisseuse de Bichat*," the other on the anterior tibial region. The fluctuation is nearly equal in the two cases. The patient is made to take the iodide of potassium in the dose of one drachm daily. At the end of eight days, the gumma developed on the leg ulcerates, the opening which forms increases in size during several days, its borders become everted, and an extensive ulcer of angry appearance extends from the anterior tuberosity of the tibia towards the middle part of the fibula. The whole ulcerated surface is carefully washed and covered with iodoform powder every morning. At the end of five to six days, the ulcer becomes cleansed and assumes a very satisfactory aspect. The same treatment is continued until the 10th of April, when the patient leaves the hospital completely cured. Several frictions with the ointment of iodoform on the gumma of the cheek had sufficed, with the internal treatment, to prevent suppuration on its part.

We have still further employed a great number of times, and always with success, the powder of iodoform, and above all the solution of this agent in glycerine and alcohol, in order to combat *plaques*

muqueuses of the vulva, of the vagina, of the anus, and of the scrotum. The solution has appeared to us above all preferable when the discharge was abundant: in a very few days, we obtained a perfect cure; but we have always recommended to patients not to neglect the internal treatment, for it is only in these cases that we have never seen relapses.

II.

IODOFORM IN THE TREATMENT OF SOFT CHANCRE AND OF CONSECUTIVE BUBO.

ACTION OF IODOFORM ON SOFT CHANCRE.

IN order to set forth properly all the advantages which *iodoform* presents in the treatment of simple chancre, it appears to us indispensable to resume, in a few words, the means generally employed against it. The simple chancre is a local affection, and, as such, it demands, says Ricord, only a local treatment. What would, indeed, be the use of a general medication directed against a dialhetic principle which does not exist in the economy? Why depuratives? Why antisyphilitics, unless we would give ourselves the easy satisfaction of curing cases of syphilis that never existed? Mercury, here, is not only useless: it is very often injurious, or at least very dangerous. Administered internally, it can react in a bad manner upon the ulceration; and, externally, applied as a topical remedy in the form of an ointment, it can favor and even determine phagedenism. "I can assure you," says Ricord, "that the administration of mercury, during the ex-

istence of a simple chancre, is one of the conditions most apt to favor phagedenism." And still farther: "The most part of those horrible rodent ulcers which come to us at this hospital (du Midi), after having destroyed a portion of the penis, are simple chancres on which mercury has been lavished in all its forms. Judge of the utility and the opportunity for a treatment which endangers the loss of a part of your penis in order to cure you of a syphilis, that you never had!"

Thus we are plainly convinced, and we could support our affirmation by hundreds of observations, that the soft chancre requires only a local treatment, and after its cure no appearance of the least syphilitic symptom is ever seen; but we are equally convinced that most physicians, and even certain specialists, while recognizing the existence of soft chancre, treat it in a deplorable manner. With them, topical remedies, whatever they may be, are only accessories; their specific is the crayon of nitrate of silver, and, impelled by this idea, they cauterize always, they cauterize without cessation. The patient who suffers these atrocious pains does well to cry aloud, to roll on the ground, to fall into syncope,—a circumstance of which we have been many times the witness,—the terrible crayon does not continue the less its pitiless action; and, painful to say, very often all these sufferings are useless.

Happy the patient if he was spared it for once, and the duration of the chancre was not increased!

We do not wish to say, however, that it is necessary to definitely exclude cauterization from the treatment of simple chancre; it is necessary only to use it with much prudence and discernment. We will also add that the cases where it is necessary are extremely rare when the treatment by iodoform is adopted. We have seen hundreds of patients cured in a very short time without having had to undergo the slightest cauterization.

What is, in effect, the end proposed in cauterization? It is to transform the specific venereal ulceration into an ordinary wound, that is afterwards treated by appropriate means. Indeed, to obtain this result, it is necessary to have recourse to an energetic cauterization, profound and thorough. "It is necessary," says Ricord, "*to kill the chancre upon the spot*, and substitute for it forcibly a simple wound, an eschar. Do not then ask of cauterization what they cannot do; direct your attention to the most violent escharotics. I repeat it, in order to obtain from this method the most success it can give you, it is necessary that you should employ it in all its severity. Then, no slight cauterization; what you seek to produce is an energetic and deep cauterization, a veritable destruction." (*Leçons sur le chancre.*)

As is seen by the few lines which precede, M. Ricord, a partisan of cauterization, applies the most severe caustics; and amongst all those that he makes use of or enumerates, we shall not meet even with the name of the crayon of nitrate of silver. How does it happen, then, at the present time, that there are so many physicians who do not know how to take care of a chancre without having the nitrate of silver in their hands, and that as much for indurated chancre as for soft chancre? This practice is truly disastrous. Indeed, without speaking of the sufferings of the victims, which are renewed at each cauterization, the nitrate of silver could not produce that profound eschar which should transform the specific ulcer into an ordinary wound. Besides, the solid state of this caustic renders it little adapted to penetrate into all the anfractuosities in which the specific virus intrenches itself; so that, in the hypothesis even where this species of cauterization should be efficacious, the effects would be very often annulled by a new and almost immediate inoculation; for this takes place infallibly every time there exists a single point, however small it may be, which has not been subjected to the action of the caustic. We shall go even farther; accepting the theory of Ricord, we believe that the cauterization by the nitrate of silver, to the end of destroying the chancre on the spot, is always and

completely nugatory. "In fact," says this author, "the specific poison does not exist alone in the ulcerated area of the chancre, but extends a little beyond it; so that the neighboring tissues, sound and intact in appearance, bear in them the germ of the virulence. This suspected little peripheric zone should then equally be attacked by the caustic." Indeed, there is no need of demonstration that the nitrate of silver cauterizes the surfaces only very superficially; but, on the contrary, it irritates, it inflames the ulcerated parts and prolongs thus the duration of the disease, so far from abridging it. We banish then entirely the nitrate of silver from the treatment of chancres during the first two stages, that of increase and when they become stationary. If it can render any service, it is only during the period of reparation, in order to repress the exuberance of fluvid granulations, or to make more active the languid process of cicatrization.

If we insist at so much length on the bad effects of nitrate of silver, it is because there come to us daily, at l'Hôpital du Midi, patients from all parts of Paris, who have already been subjected for the most part to the untimely use of nitrate of silver. What then is the line of conduct to be pursued in presence of a soft chancre to the treatment of which we wish to apply iodoform?

As a general rule, iodoform can be applied in all

cases with very great advantage: but its application should be subordinated to certain local pathological conditions which determine its fitness, augment or diminish its therapeutic effects. These pathological conditions of which we speak are relative: 1st, to the *suppuration*, more or less abundant, of the chancre; 2d, to its situation *externally* or *internally*.

I. In all of the treatises on venereal diseases, the soft chancre is represented generally as furnishing an abundant secretion, in a contrary manner to indurated chancre, of which the ulcerated surface is almost always dry. This assertion is exact: the simple chancre, in reality, has a great tendency to suppuration, not only by itself, but still more in its ganglionic manifestations. However, we have met with numerous exceptions to this rule: and, to commence with the most simple cases, we will suppose a patient presenting himself with one or many soft chancres, external, furnishing but little or no suppuration. Here the dressing is of extreme simplicity: washing with ordinary water, a pinch of iodoform, previously reduced to powder, and a dry piece of linen over it to hinder the fall of the iodoform by frictions. The linen moreover is completely useless when, the chancre being situated upon the glans or internal surface of the prepuce, the latter, restored to its normal position, can keep

the iodoform powder upon the ulceration. The same operation, repeated twice in the twenty-four hours, suffices to cure in a few days chancres which have resisted for a long time touchings with the nitrate of silver and applications of aromatic wine or others of a similar nature.

II. When the soft chancre is accompanied by an abundant suppuration, it seems advantageous to us to delay the application of iodoform. We commence by detersive washes, either with chlorinated water, or with a solution of the sulphate of zinc, or nitrate of silver, &c.; then comes the iodoform. Nevertheless, if the patient experiences severe pains, it is necessary to employ it immediately, notwithstanding the abundance of the secretion: for the iodoform possesses local anæsthetic properties which render its use still more valuable. The local irritation and the inflammation do not constitute a contra-indication; far from that: the sedative action of this medicament is added to the antiphlogistics employed in such a case, — baths, cataplasms, fomentations, &c. The less utility of iodoform in cases of abundant suppuration appears to us to be simply the result of the difficulty experienced in maintaining it in contact with the diseased surfaces. It is found to be carried away by the pus or the mucus before having been able to exercise its action. For

it is not the same with iodoform as with caustic substances; the latter produce a rapid effect which follows immediately their application, instead of which, iodoform on the contrary requires many hours to exercise its influence. These results appear to us to be at least those of experience.

It has happened to us many times to replace the chlorinated water advantageously by a solution of 2 or 3 grammes of iodoform in 30 grammes of glycerine, to which are added 10 grammes of alcohol. This solution is used to cleanse the ulcer; but it has appeared preferable to us to soak a piece of cotton or a dossil of lint in it and apply it to the wound precisely as in dressings with aromatic wine.

This mode of treatment has been preferred even by certain patients whom the odor of the iodoform alone disturbed. It could be still further utilized for persons who do not like to be attended in society by this odor. This solution, besides, can be more or less concentrated, according to need.

III. Thus far, we have supposed the chancre to be *exterior*, that is to say on parts such as can be powdered with iodoform without difficulty as soon as the patient presents himself; such are the chancres situated upon the whole external surface of the penis, on the thighs, the scrotum, the hypogastrium, &c.; but there exist *interior* chancres, or

those rendered such in consequence of anomalous or accidental anatomical dispositions. Amongst the first, we find chancres of the meatus, urethral chancres, chancres of the anus, chancres of the neck of the uterus and of the vagina; amongst the second, are sub-preputial chancres with phymosis more or less complete.

1st. *Chancres of the meatus, and urethral chancres.* — When the ulceration is situated at the entrance of the meatus, the treatment is absolutely the same as that of external chancre, the iodoform powder being easily deposited on its surface: but it is not the same if the chancre is found to be situated deep in the canal. In this case, we believe that injections with the solution that we have just indicated would produce an excellent result. These kinds of chancres being rare, we have never had occasion, it is true, to practise this treatment; but we have many times experimented with this solution on chancres and suppurated bubroes, and we have always obtained as good effects, often even better, than with the iodoform powder. These results have not astonished us: we can say even that we had in some sort foreseen them, expecting that the action of the glycerine and of the alcohol would give addition without doubt to that of the iodoform.

2d. *Chancres of the anus.* — It is here that we are able to proclaim the advantages of our method

over all others, and in particular over cauterization. The latter, indeed, besides being very difficult, becomes very dangerous from its consequences; it can give rise to so-called cicatricial tissue and consequently to a constriction of the sphincters of the anus. The other methods, which consist in applying a dossil of lint soaked in aromatic wine, or any solution whatever, present great disadvantages. Thus, the patient is obliged to take an injection each time he wishes to go to stool, — an indispensable precaution, if he does not wish to see fissures produced and the chancres enlarged in consequence of a little too much dilatation of the anus. Besides, the stools are always accompanied by more or less severe pains. Our method protects us from all these inconveniences. We simply place upon the chancres of the anus a little dossil of lint covered with glycerate of iodoform, and we have at once a suppository and a topical remedy. As a suppository, the action of iodoform is such that the patient, according to the expression of Trousseau, has no longer the sensation of defecation: as a topical remedy, we unite the effect of the glycerine and of the iodoform without having to fear the accidents which are the reproach of ointments in general. The patient, after each stool, has only to wash himself well and replace a second dossil like the first. The cure is not long delayed.

3d. *Chancres of the vagina and of the neck of the uterus.*—"Since the invention and popularization of the speculum," says Ricord, "chancres situated in the depths of the vagina and those of the neck of the uterus have entered into the class of *exterior* chancres, and, as such, the same treatment has become applicable to them. You could then, and with the same success, cauterize with the carbo-sulphuric paste the specific ulcerations of the os uteri and of the vagina, as you would do for a chancre of the labia majora or of the glans; and this cauterization would be so much the more useful as it would prevent the danger of inoculations of the neighboring parts. You can in the same manner convey to these parts the ordinary topical remedies and let them remain there, with this difference only that the renewal of the dressings must, in a rigorous manner, be trusted only to the hand of the physician."

Without having the pretension to combat the precepts of M. Ricord, we believe cauterization, in the cases of which we speak, of extreme difficulty, and above all of very great danger, principally for chancres of the recto-vaginal wall and for those situated in the *culs-de-sac* which surround the uterine neck. For this reason we always choose topical remedies, and amongst these iodoform, conforming ourselves to the rules previously indicated. If the

suppuration is not abundant, we introduce into the vagina as far up as the situation of the chancre, *tampons* of wadding or of cotton charged with the iodoform powder. If the suppuration is abundant, or accompanied by vaginal secretions, we at first make use of injections of nitrate of silver and apply the iodoform afterwards as in the first case.

4th. *Sub-preputial chancres.* — When the sub-preputial chancres can be exposed to view, we treat them as if they were *exterior*, that is to say by powdering them with iodoform. But it happens very often that in order to expose them it is necessary to pull back the prepuce, to exercise manipulations more or less violent, which will have for a result to produce fissures, or at least augment the irritation; at other times, there exists a complete or almost complete phymosis, which does not permit in any way the chancres to be exposed to view. In the two cases, which besides are frequently accompanied by balano-posthitis, no manipulation should be made. An injection of ordinary water is given five or six times a day, which is followed immediately by a second injection of nitrate of silver (4 grammes of this salt in 200 grammes of distilled water). If, at the end of a few days, the chancres can be exposed without difficulty, they are treated by iodoform; on the contrary, injections are employed with the iodoform solution, or it is

decided to perform circumcision. This operation once done, iodoform is employed as for external chancres.

Now, it will be objected perhaps that a great number of topical remedies, such as aromatic wine, chlorinated water, the nitrate of silver, the potassio-tartrate of iron, &c., can control the venereal ulceration as well as iodoform. The latter is true in a general manner; but in no case can all these different topical remedies offer the advantages of iodoform. The latter, as a local anæsthetic, possesses at first the immense advantage of calming in a few hours the very severe pains which frequently accompany the venereal ulcer. In the second place, it can and it ought to be applied directly upon the chancre without either linen or lint, a circumstance of little importance apparently, but of real utility, if it is thought that with the aromatic wine, and all solutions in general, we are obliged to employ pledgets or dossils of lint; a thing which irritates more or less the diseased parts, adheres there with the products of suppuration, and is only detached by producing a slight hemorrhage. The latter can, it is true, be avoided, but it is necessary for that to use precautions which the patient almost always neglects: from which there results, if not an aggravation of the disease, at least a prolongation in its duration. The employment of iodo-

form removes all these complications; it suffices, in proportion as the secretions are abundant, to apply a quantity of powder sufficient to absorb them. Finally, a third advantage which iodoform presents, is to shorten the duration of the chancre. It results, in fact, from a comparison of all of our observations, that venereal ulcerations, treated by our method, cicatrize ten, fifteen, and twenty days sooner than those which are treated by other methods.

Action of Iodoform on Buboes.

In order to well establish the action of iodoform on buboes, it appears indispensable for us to divide them as we have done chancres; for buboes show themselves under very diverse circumstances, under the influence of very varied causes, and it would hardly be rational to treat them all in the same manner.

The word bubo (from *Βουβών*, the groin) designates, in general, a ganglionic tumor of the fold of the groin, developed under any specific, diathetic, or virulent influence; such are venereal buboes, syphilitic, scrofulous, those of glanders, pestilential, &c. As for us, we have only to occupy ourselves here with venereal buboes, whether syphilitic or resulting from a simple sexual relation.

For a very long time all of the venereal adenopathies have been designated under the general denomination of bubo, considering them as different manifestations of one and the same disease, of one and the same virus. Ricord was the first who dissipated this confusion and showed the necessity of distinguishing the *syphilitic bubo* consecutive to indurated chancre, from the *chancrous bubo* consecutive to soft chancre, and from the *inflammatory adenitis* or *simple bubo* resulting from an accident less grave, although of venereal origin.

1. *Simple Bubo.*

This bubo, which is only a simple inflammatory adenitis, is very frequently developed in the course of a blennorrhagia, in consequence of erosions, abrasions of the penis: it is observed equally as a complication of a balanitis, of a balano-posthitis and consecutively to all of the excitations or mechanical irritations of the penis resulting from sexual intercourse. Indeed, this species of adenitis shows itself furthermore during the evolution of soft chancre, not at all as a specific complication of this ulcer, but as the result of a simple wound, of an ordinary irritant independent of every virulent principle. "The simple chancre," says Ricord, "constitutes at once for the lymphatic glands a common cause of irritation, and a source of specific virulence. It

is susceptible of acting upon them after the manner of a simple wound, of any excitant or even in the quality of a virulent ulcer. In the first case, the bubo which it produces is a simple adenitis, which presents in its development and its course the characteristics peculiar to non-specific adenitis; it is a ganglionic inflammation which follows the phases of all inflammations, which may terminate by resolution, which may suppurate, but of which the pus never presents any characteristic of specific virulence. In the second, that which it determines, is a bubo of entirely different nature, virulent *par excellence*, not susceptible of resolution; it is a chancrous bubo, a veritable ganglionic chancre." Let us add to what Ricord says, that the simple bubo suppurates very rarely, and that, if suppuration sometimes takes place, the pus which results is inflammatory, not virulent, not specific, not susceptible of converting into a chancrous ulcer the focus which contains it and the peripheral tissues. (Alf. Fournier.)

What part, then, shall iodoform play in the treatment of simple bubo?

During the whole duration of the inflammatory period, the patient is made to take a bath every morning, and, on leaving the bath, an application is made to the bubo of a thin layer of iodoform ointment (two grammes of iodoform for thirty grammes

of lard), over which is placed an emollient cataplasm. At the end of a few days, the resolvent properties of the iodoform generally triumph over the ganglionic tumor.

If suppuration, however, makes its appearance, it is necessary immediately to suspend the use of the ointment and to open the bubo as soon as fluctuation announces the presence of a purulent focus. The use of the emollient cataplasms is resumed for two or three days, after which the dressings are made with the iodoform powder. In the cases in which the suppuration becomes abundant, it will be more advantageous to employ the solution of iodoform in glycerine and alcohol.

In practice, there is frequently the habit of applying leeches to buboes. This treatment appears to us to be often dangerous, and we oppose it as such. What shall we do, indeed, in the case of a soft chancre, in order to distinguish from the outset whether we have before us a simple adenitis or a specific bubo? This distinction is impossible until the moment of suppuration, and when this manifests itself, if we have had to do with a virulent bubo, each puncture of the leech may be inoculated and transformed into a veritable chancre; hence arises a new complication the whole danger of which can be easily understood.

2. *Chancrous Bubo.*

This bubo is due to the transport, into a lymphatic ganglion, of the venereal virus itself, derived from the chancre by the corresponding lymphatic vessels. So the bubo itself possesses all the qualities of the venereal ulcer: its borders are sharp-cut like those of chancre, and the pus which it furnishes, inoculated upon any part whatever of the body, produces a chancre of the same nature as that which has given rise to the bubo. This species of bubo belongs properly and exclusively to simple chancre. It is never observed either with infecting chancre, or with blennorrhagia, or with any affection either venereal or of other nature. It is in some sort the property, the apanage of a special morbid entity, the simple chancre. (Alf. Fournier.)

It is not necessary, however, to believe that, every time there exists a soft chancre, a bubo should necessarily supervene; very often the contrary is the case. We can calculate on the average one case of bubo for three cases of chancre; and this proportion is even much less in women. It is very difficult, impossible even, to diagnosticate, from the outset of a ganglionic engorgement, whether we have to do with a simple adenitis or with a specific bubo. The inflammatory symptoms are absolutely the same in the two cases; it is not until after the formation of the abscess, by the qualities of the

pus and the aspect of the ulcer which furnishes it, that we can recognize certainly the nature of the bubo. We can, however, have a presumption in favor of the specific nature when the adenitis goes on rapidly to suppuration; for it is certain that the simple inflammatory adenitis rarely suppurates and is of slow progress, whilst the specific bubo suppurates always, and as if fated, whatever may be the means employed to prevent this termination. "With the chancrous bubo," says Ricord, "resolution is impossible; suppuration is its fate; it is necessary; it is in fine the exordium even of the disease, it is that which constitutes its essential and primitive manifestation. The chancrous bubo is less an adenitis than a ganglionic chancre. Its point of departure is an inoculation of the gland; it is a suppuration established in the ganglion."

It will be necessary, then, to wait for the suppuration and opening of the bubo to know in a definite manner whether we have to do with a simple adenitis or a chancrous bubo. The latter presents itself, at the end of a few days, with the following characters: sanious pus, not homogeneous, inoculable on the subject who bears the bubo, and every other; the borders of the ulcer sharp cut, jagged, thinned, rolled upon themselves within the wound; unequal ulcerated surface, grayish or grayish brown, often covered by pultaceous or pseudo-membranous de-

posits; abundant suppuration, sometimes reddish, of a bad appearance, not presenting the character of inflammatory pus except at the period of reparation.

Treatment. — The treatment of chancrous bubo may be divided into three periods, corresponding to different phases which its evolution presents: 1st, inflammatory period; 2d, period of suppuration; 3d, the period of ulceration consecutive to the opening of the abscess.

Iodoform cannot be employed except during the first and the last period. From the first days of the appearance of a ganglionic tumor in the inguinal region, during the evolution of a soft chancre, it is impossible, as we have said above, to recognize the nature of the bubo which will become developed; and this uncertainty will persist until the moment of suppuration. Will it be a simple adenitis? Will it be a chancrous bubo? In the latter case, iodoform would be completely useless as a resolvent, since suppuration must inevitably take place. But in the doubt in which we find ourselves, we are perfectly right in attempting resolution by all possible means. Indeed, the iodoform ointment appears to us, under these circumstances, to fulfil this object much better than vesicatories and unctions with the tincture of iodine. This ointment pos-

sesses all the properties of iodine to a degree possessed by no other preparation of this drug. Besides, the use of the iodoform ointment does not exclude that of superimposed emollient cataplasms, and it does not produce that kind of thickened parchment-like layer of the integuments which masks and prevents the early determination of the presence of a purulent collection. Finally, as a sedative, the iodoform is superior to chloroform liniment. Numerous observations authorize us in giving the first place to iodoform amongst the ointments called resolvent.

The second period of evolution of the bubo commences with the formation of the abscess and ends at the moment of opening of the latter. The treatment corresponding to this period is simple, rapid, expeditious: as soon as we determine the presence of pus it is necessary immediately to evacuate it. Each day of delay augments the gravity of the disease and causes the future cicatrization to be prolonged in its duration. Finally, starting from this principle, that the resolution of chancrous bubo is absolutely impossible, it is evident that when suppuration is once established it will every day gain ground; it will not remain imprisoned only in the ganglionic investment; it will invade all the neighboring tissues, which it will infect in its turn, producing solutions of continuity and sloughs more

or less considerable. These complications, always bad, will always be avoided whenever the suppurated bubo is opened at an early period. The bistoury is preferable to all the caustics for the purpose of opening the abscess.

When once the purulent collection is evacuated, there will remain a chancrous ulcer, not differing from ordinary chancre except by its greater extent. Here iodoform plays its most important part: here it could not be replaced by any agent of the materia medica. We know how hopelessly slow buboes often are to become completely healed. This slowness is due to a multiplicity of causes of which the specific nature of the virus is not perhaps the most important; for the difficulties in the way of cure are connected above all with the anatomical disposition of the parts. On the one side, we have a region submitted to almost incessant strains, in view of the difficulty of constraining a patient to an almost absolute repose during two or three weeks; on the other side, the gland inflammation has by itself less tendency to cicatrization than a simple inflammation and the ordinary wounds of the inguinal region, and nevertheless these latter cicatrize very slowly; as, for example, that which results from the operation for strangulated hernia. Finally, in proportion as the evolution of the bubo has been sub-acute, the ganglionic investment is found thick-

ened, and when the pus has opened a way, it remains open, not permitting the bringing together of the opposed walls. Indeed, what should be our mode of action under such circumstances?

The first condition of cure is, that the patient preserve as absolute a state of rest as is possible for him. Then comes the local treatment that we will establish in the following manner: if the suppuration is abundant, and above all if there exist sinuses or purulent depôts, injections repeated many times daily with the solution of iodoform in glycerine and alcohol: after the injection a pledget or dossil of lint soaked in the same solution is introduced into the ulcer. Under the influence of this treatment, the pus is not slow to dry up, and then the wound is powdered only with iodoform twice a day. This mode of dressing ought to be continued until complete cicatrization; but it does not dispense with surgical interference when particular circumstances exact it.

3. *Syphilitic Bubo.*

We have only very little to say on the subject of syphilitic adenopathy, for the treatment of which iodoform appears to us to be of very questionable utility. This bubo, indeed, which accompanies almost always the infecting chancre, only exceptionally terminates in suppuration. It appears ordinarily during the first or the second week from

the *début* of the chancre; its volume hardly exceeds that of a hazel-nut; it is hard, indolent, without the least inflammatory phenomenon, invading almost always many ganglions to form what have been called specific *pleiades*. Finally, suppuration hardly takes place once on the average in one hundred and fifty times, and the pus inoculated on the infected subject does not reproduce any species of chancre. Its course is extremely slow and is not modified by any treatment; the general treatment itself has only a very slight action upon it. The only case where iodoform could be employed with any utility is that in which the suppuration having made its exit through the walls of the abscess, there remains an ulcerated surface, pale, languishing, and to which we are often obliged to apply the caustic. The syphilitic bubo terminates almost always by resolution; but this is very slow, whatever be the means employed to provoke it.

Phagedenic Chancres.

In order to terminate our work, relative to the employment of iodoform, within the limits which we have set for ourselves, but a word more remains for us to say on the subject of phagedenic chancres. As soon as we notice the invading course of a chancre, whatever be its nature, we must have immediate recourse to caustics, and to the most energetic

caustics: the Vienna paste, the paste of Canquoin, the acid nitrate of mercury, the carbo-sulphuric paste, &c.; in a word, it is necessary to destroy the virulent principle under the influence of which the phagedenism is developed, and to produce a profound eschar, at the fall of which the wound should be dressed either with the solution of iodoform in glycerine and alcohol, or only with the iodoform powder.

Mixed Chancre.

Finally, the mixed chancre, in the exceptional cases in which it is met, can be treated without inconvenience by iodoform, according to the rules which we have indicated previously for the other chancres.

Below are a series of observations taken entirely at l'Hôpital du Midi, and going to confirm the assertions which we have advanced on the subject of iodoform. We would have been able to multiply these observations, and to have given them by hundreds, but we should have only uselessly extended our work without giving it more scientific value. The several cases which we give will be amply sufficient from which to draw our conclusions.

Soft Chancres and Buboes treated by Iodoform.

Observation I. — L. . . ., aged twenty-two years, enters the Hôpital du Midi on the 15th of May, in the service of M. Simonet, Ward 1, bed No. 3. No antecedent venereal disease. During the first part of May, the patient discovers a slight excoriation on the edge of the prepuce; three days before, he had seen a woman. No treatment for ten days; the ulceration increases; suppuration quite abundant, development of two other chancres in the preputial groove. The 16th of May, after a bath and a detersive wash with chlorinated water, the chancres are powdered with iodoform. The next day, the patient declares that the pains have disappeared during the night. The 20th of May, under the influence of the same treatment, the discharge disappeared: there forms, during the following days, a slight crust upon each little wound, and the patient goes out cured on the 29th of the same month. The duration of the treatment was twelve days.

Observation II. — D. . . . enters the hospital the 12th of May, Ward 1, No. 10. He was attacked, on the 10th of April, with a venereal ulceration upon the glans, near the corona; it showed itself five or six days after coition. Treated at first in the city by the employment of nitrate of silver and

two washes, the nature of which cannot be exactly ascertained, the patient saw the ulceration not only remain retractory to the use of these remedies, but still increasing daily and burrowing into the penis in a troublesome manner. There is produced a painful inflammation in several ganglions of the groin, but which is promptly calmed under the influence of repose and of several frictions with the iodoform ointment. The next day after the entrance of the patient into the hospital, all of the anfractuosities of the wound are carefully washed with chlorinated water, and afterwards iodoform is applied abundantly. The next day the severe pains which the patient before experienced had completely disappeared.

We do not wish at all to ignore entirely the importance which complete repose, baths, and regularity of living possess in the treatment of the affection which occupies our attention; but, even granting them a large part, we believe that we must attribute to iodoform the remarkable sedation, the immediate relief which patients experience under its influence. Thus, the patient who for a month had suffered much, sees his pains calmed almost immediately, the venereal ulceration cease to progress, and, the 29th of May, he leaves the hospital completely cured, having experienced, nevertheless, a loss of substance of the glans. We do not doubt

that, if the iodoform had been employed sooner with this patient, he would have escaped this deformity. We cite this fact, for, ordinarily, iodoform has not given us what we have expected in cases where the chancre has had a tendency to become complicated with phagedenism.

Observation III.—T. . . ., aged twenty years, without venereal antecedents, enters the hospital on the 15th of May, having a soft chancre contracted the first of the same month; the incubation had a duration of six days. The 8th of May, a second chancre became developed, by contact, upon the raphè of the scrotum; the first being situated on the edge of the prepuce. Until the 16th of May, the patient had not followed any treatment; from this day, iodoform is applied to the two chancres until the 28th of May, when the cure was complete. The treatment had a duration of twelve days.

Observation IV.—L. . . ., aged twenty-one years, enters on the 15th of March, Ward 2, No. 17. He has had, for more than a month, many soft chancres developed, some on the prepuce, others on the glans; their size is moderately large. For two weeks before his entrance into the hospital, the patient had followed the treatment with aromatic wine, without having perceived the least ameliora-

tion. From the 16th of March, he is treated daily by iodoform upon the chancres, and by iodoform ointment upon a painful adenitis in the left groin. The 28th of March, the chancres are cicatrized; the tumor in the groin has diminished in volume and lost its morbid sensibility: the treatment had then lasted ten days.

Observation V.—R. . . ., aged seventeen years, enters the 25th of March. Ward 1, bed 15: he has a chancre on the edge of the prepuce developed four days since, and the nature of which appears doubtful to us. Inoculation is immediately performed in the hypogastric region: it gives rise to a new chancre. The iodoform powder is immediately applied upon the two venereal ulcerations: but a bubo tends to become developed in the fold of the left groin: the iodoform ointment is immediately applied, and the adenitis terminates by resolution; at the same time, the two chancres become cicatrized, and the patient goes out, completely cured, the 7th of April, after a treatment of twelve days.

Observation VI.—P. . . ., aged sixteen years, enters the first of April, Ward 1, No. 21: he has a soft chancre developed five days since on the dorsal surface of the penis: no ganglionic engorgement: abundant suppuration of the venereal ulcer: lotions

with chlorinated water, iodoform powder. Cure complete the 14th of April. The treatment lasted fourteen days.

Observation VII. — D. . . . , aged twenty-one years, enters the 31st of March, Ward 1, bed 23; he has a series of soft chancres developed a month since in the preputial groove and on the frenum; ganglionic engorgement dating fourteen days: powder and ointment of iodoform. The 12th of March, the chancres are cicatrized, but the bubo persists until the 17th, on which day it had completely disappeared by resolution.

Observation VIII. — M. . . . , aged twenty-nine years, enters the 7th of April, Ward 1, bed 29; he has on the right labial commissure a very well-developed chancre which has existed two months; on the penis are noticed the cicatrices of many other chancres cured a few days since. The labial chancre appears suspicious to us; in order to remove all doubts, we practice inoculation upon the hypogastric region where a new chancre is soon developed. The latter dries up rapidly under the influence of iodoform; but, as for that of the lips, the incessant movements of this region and the contact of the saliva retard the cicatrization until the 17th of April.

Observation IX. — B. . . . , aged seventeen years, enters the 25th of April, into Ward 1, bed 7: he is attacked, nearly a month since, by a soft chancre on the right edge of the prepuce, as well also, with a very intense balano-posthitis. No treatment previous to his entrance into the hospital. A few injections of nitrate of silver soon control the balano-posthitis, and the chancre yields at the end of eight days to the influence of iodoform. The patient goes out cured the 3d of May.

Observation X. — J. . . . , aged nineteen years, enters the 25th of April, Ward 2, bed No. 15: he is attacked with balano-posthitis and intense hæmorrhagia fifteen days since: the ganglia of the groins are tumefied and very painful; on the internal face of the prepuce two ulcerations exist, which are taken at first for soft chancres, on account of the abundance of suppuration and of a slight induration which is attributed to the effect of several cauterizations which had already been practised in the city with the nitrate of silver. However that may be, the iodoform powder is applied during more than fifteen days: the balano-posthitis and the chancres have nearly disappeared, when there appears a very confluent roseola, *plaques muqueuses*, &c. Mercurial treatment is immediately administered internally, and the iodoform continued upon the chancres which

cicatrize five days later. The patient goes out the 20th of May. The indurated chancres had not taken twenty days to cicatrize, that is to say four or five days more than the soft chancres.

Observation XI. — L. . . . , aged thirty-two years, enters the 14th of April, into Ward 1, No. 19; he has several soft chancres which have existed nearly a month and a half upon the internal surface of the prepuce. The application of aromatic wine and cauterizations with the nitrate of silver have remained without effect. The patient is treated by the iodoform powder as soon as he enters the hospital, and five days afterwards, the 19th of April, he goes out perfectly cured.

Observation XII. — B. . . . , aged twenty-seven years, enters the 7th of April into Ward 2, bed No. 17. For more than a month he has been attacked by two soft chancres situated one on the penis, the other on the edge of the prepuce. No treatment until then; a bubo even has commenced to be developed some days since. Iodoform powder is applied to the chancres, the cicatrization of which is rapidly obtained. Iodoform ointment to the bubo, the hardness of which augments each day; nevertheless the morbid sensibility disappears, and the

patient, cured, leaves the hospital the 20th of April, after thirteen days of treatment.

Observation XII. — D. . . . , aged fifty-five years, enters the hospital the 1st of May, Ward 1, bed No. 22; he has had for two months an immense chancre, on the dorsal surface of the penis, which has resisted repeated cauterizations with the crayon of nitrate of silver, and mercurial ointment. A bubo has become developed in the left groin. The diagnosis of chancre is not possible by the sole consideration of its physical characters, so much they appear to us to have been modified by the previous treatment: nevertheless, the absence, at this period of the disease, of all syphilitic manifestation, and, moreover, the existence of a very advanced bubo, lead us to believe in the existence of a soft chancre. Application of iodoform powder upon the chancre, which is not slow to cicatrize; but the bubo suppurates. It is opened, covered at first with poultices of linseed meal and then with iodoform powder. The patient, completely cured, leaves the hospital the 31st of May, after a month of treatment.

Observation XIV. — J. . . . , aged twenty-eight years, enters the 24th of March, into Ward 1, bed No. 17; he is attacked, since the 15th of

March, by several soft chancres on the edge of the prepuce; a bubo is developed in the right groin; it is attended by very severe pains. The 24th of March, spontaneous opening of the bubo. Iodoform powder upon the chancres and on the inguinal ulceration; rapid cessation of the pains; cure of the chancres on the 27th, cicatrization of the bubo the first of April; the patient goes out cured at this time.

Observation XV.—B. . . . , aged twenty-five years, Ward 2, No. 14, enters the 3d of March and goes out cured the ninth of the same month. Soft chancre on the internal surface of the prepuce; bubo in the left groin, all developed since four or five days. Iodoform powder on the chancre, the cicatrization of which is almost complete on the 7th; iodoform ointment on the bubo, which already contains pus. The pains are quieted, but the fluctuation increases, and the abscess opens on the 5th. After having carefully evacuated the pus, made use of a few detersive injections, the ulcer is covered with iodoform powder; a crust forms on the wound, the lips of which become approximated, and, the 9th of March, the patient wishes to leave the hospital, because he calls himself cured: the cicatrization was, in fact, almost complete. The treatment had not lasted more than six days.

Observation XVI. — T. . . . , aged eighteen years, enters the 3d of March, Ward 2, No. 4. He has several soft chancres on the inner surface of the prepuce, developed for the past fifteen days. He has also been afflicted with a bubo for five days. The chancres are treated by iodoform and cicatrized the 15th of March; the bubo is opened the 12th, treated by iodoform, and cured the 25th; the patient leaves the hospital the next day.

Observation XVII. — B. . . . , aged twenty-eight years, enters the 10th of March into Ward 2, No. 26. He has been attacked by soft chancres developed eight days ago on the glans and on the internal surface of the prepuce; the suppuration is very abundant. The chancres have been treated in the city by aromatic wine and cauterization with the nitrate of silver; they have resisted the treatment for three weeks. During the first three days after his entrance into the hospital, the patient only uses frequent lotions of chlorinated water; from the 13th to the 20th of March, these are replaced by iodoform powder, and the cure is complete at this period.

Observation XVIII. — B. . . . , aged thirty years, enters the hospital the 25th of February, Ward 2, No. 19. He is attacked by a soft chancre

on the dorsal surface of the penis, near the pubes, developed towards the 15th of February: no previous treatment; double bubo for two days previous to his entrance into the hospital. Iodoform powder on the chancre, which is completely dried up towards the third day of March. Iodoform ointment on the buboes, one of which, that of the left groin, disappears by resolution. The second is opened the 10th of March, dressed with iodoform and cured the 30th of March.

Observation XIX. — P. . . . , aged twenty-nine years, enters the hospital the 10th of March, Ward 2, No. 16. He has a soft chancre developed eight days since on the prepuce. Notwithstanding a very energetic cauterization with the chloride of zinc, practised four days previous, the progress of the venereal ulceration is not arrested. Fearing a new application of the caustic, the patient avoided the day of consultation, and is admitted for treatment the 10th of March. A bubo commences to be developed. Employment of poultices on the bubo and iodoform powder on the chancre, the cicatrization of which is nearly complete the 22d of March. The bubo suppurates: it is opened, covered by poultices, and afterwards powdered with iodoform. The patient goes out cured the 6th of April.

Observation XX. — J. . . . , aged fifty-one years, enters the 4th of April, Ward 1, No. 4. Five weeks ago he was attacked by a soft chancre on the corona of the glans. There exists great loss of substance and a bubo for three weeks. Cauterization with the nitrate of silver and the aromatic wine have not been able to check the progress of the ulcer. On the entrance of the patient into the hospital, baths of chlorinated water are used and the iodoform powder on the chancre. The bubo is incised, and, after two days of poultices, the internal surface is covered with iodoform, whilst to the exterior the iodoform ointment is applied, in order to resolve the induration which exists in the inguinal region; the same treatment is continued until the 1st of June, when the patient goes out completely cured.

Observation XXI. — B. . . . , aged twenty-seven years, enters the 28th of February into Ward 2, No. 27. He is attacked by a soft chancre in the preputial furrow, and a second on the dorsal surface of the penis, both dating from the 15th of February; there exists, besides, a bubo for five days. Iodoform powder upon the chancres, which are dried up towards the 20th of March. Poultices to the bubo, which suppuration forces to open the 20th of March. Poultices, chlorinated water, iodoform

powder; cure complete the 3d of April, the day on which the patient leaves the hospital.

Observation XXII. — T. . . . , nineteen years, Ward 2, No. 18; enters the 31st of March with a soft chancre on the glans, developed five days since. Lotions with chlorinated water, iodoform powder. A crust forms which becomes detached five days after, leaving beneath it a perfect cicatrization. The patient goes out the 6th of April.

Observation XXIII. — P. . . . , twenty-six years, Ward 2, No. 27; enters the 24th of March; has a soft chancre developed ten days since on the inferior part of the penis, in the neighborhood of its root; bubo for four days. Opening of the bubo, poultices the first days, then iodoform powder; the cicatrization is complete the 6th of April.

Buboes treated by Iodoform.

Observation XXIV. — P. . . . , enters the Hôpital du Midi, Ward 1, bed No. 2, the 15th of May. Towards the 15th of April, a month before, a chancre presenting all the characters of soft chancre is developed on the right side of the penis. No treatment: incessant enlargement of the chancre which is still the seat of severe pains. On the 16th of May, application of iodoform powder to the chan-

cre; immediate cessation of the pains; discharge diminished very rapidly, and, the 28th of May, there remains only a flat cicatrix, still covered in certain places by a hard and dry crust. But, during its evolution, the chancre had, towards the commencement of May, provoked the development of a bubo which, by an irregularity quite common, however, had invaded the ganglion of the left groin, the chancre being situated on the right side of the penis. The peculiarity, which is explained by the inter-crossing of the lymphatic vessels, has been, as is known, designated by Ricord under the name of *chancre-croisé*. However that may be, no treatment had been directed against the bubo until the 16th of May. Opened the 18th, it was covered for two days by poultices of linseed-meal, then iodoform. On the 20th of May, the cicatrization was complete, save a very little separation between the lips of the wound, perfectly dry otherwise.

Observation XXV.—B. . . . , aged twenty years, enters the hospital the 15th of May, Ward 1, No. 7. He unites, in his case, phymosis, balanoposthitis, soft chancres, blenorrhagia, bubo; except syphilis, this patient is attacked by almost all of the venereal affections. The infection dates from the 20th of April, and no treatment has been pursued since then. On the day of his entrance poultices

are applied and injections of the nitrate of silver given on account of his balano-posthitis. The pains are severe. Beginning from the 23d of May, iodoform is employed in powder upon the chancre, in ointment on the bubo, and this application is followed by a sensible amelioration: the pains above all are so much appeased that, of his own accord, the patient introduces the iodoform ointment into the preputial groove, where the remains of inflammation are still found. However, on the 25th the fluctuation of the bubo becomes evident; an incision is made and the iodoform powder applied between the lips of the wound, which is found almost cicatrized the 30th of May; it is the same with the chancre. The patient goes out cured on the 3d of June.

Observation XXVI. — R. . . . , aged sixteen years, enters the 25th of April, Ward 1, bed No. 8. Pleiad of soft chancres on the internal surface of the prepuce and the corona of the glans, developed towards the 10th of March, after an incubation of four days. No treatment until the 25th of April. On the 1st of April a bubo commenced to appear which has but augmented in volume from day to day. The 26th of April, iodoform powder upon the chancres, which appear, by reason of their number, to be engendered by successive inocula-

tions. The bubo opens during the night, after very severe pains. The suppuration is very abundant; notwithstanding that, the iodoform powder is tried; during eight to ten days it does wonders; the cicatrization advances at a rapid pace; then this happy influence disappears; the suppuration is re-established more abundant than ever, the borders of the bubo slough, become cut into regular fringes. The lips of the wound become chancrous, and the extension of the ulcer shows us that we have to do with a case of phagedenism. In the presence of this complication, we abandon the iodoform in order to have recourse to the paste of Canquoin. After the fall of the eschar, we resume the iodoform; but, at the end of a few days, the patient leaves the hospital without being willing to wait for the complete cure.

Observation XXVII. — Here is an observation which has particularly fixed our attention, because it is very rare. It is relative to the small lymphatic ganglia situated in the course of the lymphatic vessels of the penis, in the sub-cutaneous cellular tissue. These ganglia, appreciable above all in their pathological condition, comport themselves, in cases of venereal ulceration, absolutely like the ganglia of the fold of the groin. They remain hard, movable, indolent, when the virus which has penetrated into their cellular investment is of syphilitic nature.

They are soft, painful, complicated with inflammation of the neighboring cellular tissue, when the point of departure of their affection is a soft chancre; after the same manner, in this case, they are ordinarily seen to suppurate. It is this which has taken place in the case which we here report.

L. . . . , aged thirty years, enters the 12th of May into the Hôpital du Midi, Ward 1, bed No. 9. Towards the 10th of April, after an incubation of five days, a soft chancre is developed on the external and dorsal surface of the prepuce; it is covered with lint imbibed with chlorinated water; then, in presence of the inutility of this medication, it is cauterized with the nitrate of silver. Severe pains, inflammatory swelling of the penis. The 5th of May, the patient notices a little enlargement on the dorsal surface of the penis, very near the pubes: it rolls under the finger; painful to pressure, it seems to be connected with the chancre by an indurated cord. The patient compares this enlargement to a pea, to a gland. In two days, it loses its mobility, it becomes very painful, the skin is red. The 12th of May, the day of the arrival of the patient at the hospital, fluctuation is evident. The adeno-phlegmon is opened with the bistouri, and iodoform is applied to the abscess, as well as to the chancre. The amelioration is very rapid, and, the 30th of May the patient leaves the hospital completely cured.

We could still multiply the number of soft chancres and buboes; but we believe that the examination of those which we have given and which presented themselves during the same period of two months, April and May, is sufficient. We are alone intent on not committing the error, a little voluntary, of persons who, enthusiasts in such or such a method of therapeutics, seek carefully for cases pleading in favor of their cause, and thus offer wonderful statistics. This is the custom of many persons who busy themselves with statistics, and it is unfortunately this which takes much of the value from works of this nature which a greater scientific probity would give them.

Nothing, for example, had been more easy for us than to group observations demonstrating that iodoform cures soft chancres in five or six days; we should only have received, at our consultations, patients attacked with simple soft chancres; but these patients are not excepted by us. A soft chancre, under these conditions, covered with a little iodoform, does not hinder them from giving themselves to their habitual occupations, in confining themselves, it is well understood, to some precautions destined to prevent the development of buboes. Indeed, when, three days later, these patients return to us to obtain a new dose of iodoform, the cicatrization is very often in an advanced condition.

It may be asked of us, however, what we mean by a soft chancre *cured*. Is it when it no longer suppurates? Is it when the process of cicatrization being very much advanced upon the periphery, there only exists a centre of suppuration, the pus having moreover lost its virulent properties? Is it necessary that the crusts should be already detached? Is it necessary, finally, that there remain no longer any traces of the ulcer?

For ourselves, we consider as cured a soft chancre covered with dry crusts, the borders of which are raised and detached easily. The patient leaves the hospital when, the crusts having fallen, there no longer remains the slightest moisture beneath them. We see, then, that the exact appreciation of the time which it takes for a soft chancre to cicatrize under the influence of a medication is somewhat difficult to determine. And furthermore, what elements foreign to the chancre itself should enter into the appreciation of the importance of such or such a medicament?

Then even, although not submitted to any treatment, the simple chancre will have the tendency to cicatrize; but, in such an individual, this process will be accomplished in a few weeks, in another in many months, and without our being able, in the actual state of science, to explain this delay; finally, in a third subject, the soft chancre not only will not

have a tendency to become cured, but it will invade successively the neighboring regions; it will destroy the cellular tissue, it will disorganize the skin; it will be, in a word, phagedenic. How many times have we seen chancres which, during entire months, had been uselessly treated by the aromatic wine, the nitrate of silver, and which yielded with the greatest facility to the application of iodoform! How many times have we seen subjects with soft and lymphatic tissues, in whom chancres always cicatrize slowly, cured nevertheless after a dozen or fifteen days of our treatment!

However that may be, and notwithstanding the difficulties we have encountered, there results from all of our observation, —

1st. That iodoform is a therapeutic agent producing more certainly and more promptly than all the others ordinarily employed the cicatrization of ulcerative syphilids in general, under whatever form they present themselves.

2d. That, in the treatment of soft chancre, iodoform is in some sort a specific by the promptness with which it produces cicatrization without pain.

3d. That, in the treatment of simple or virulent bubons (non-syphilitic), iodoform can be employed in the form of an ointment, as a resolvent, during the early stage, with more success than the blister and tincture of iodine; during the period which suc-

ceeds to the opening of the bubo, no other medicament can be compared with it for the rapidity with which it brings about the cure.

4th. In all the preceding cases, when the suppuration is abundant, it is preferable to commence the treatment by the solution of iodoform in glycerine and alcohol; iodoform in powder ought to be employed in the second place.

5th. Iodoform acts not only as a topical agent, but still farther as a local anæsthetic. The rapid cicatrization which takes place is due, 1st, to the simplicity of the dressing which does not irritate the diseased parts; 2d, to the absorption of the secretions by the iodoform powder; 3d, to the antiseptic properties of the medicament, above all, when it is dissolved in alcohol and glycerine; 4th, to the presence of iodine, which acts favorably on all venereal ulcerations in general.

6th. Iodoform appears to us to be completely incapable of arresting the progress of phagedenism.

7th. The employment of iodoform in cases of syphilitic affections should never dispense with internal treatment.

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